

**Little Treasures Registration Form**

Is your child allergic to anything? YES/NO

If yes .....

Is your child on regular medication? YES/NO

If yes .....

May we give your child Calpol if needed? YES/NO

Child's Nationality: .....

Child's ethnic background: .....

Language most commonly spoken at home: .....

**Please tick the days and sessions you wish your child to attend**

	8.00-6.00	8.00-1.00	1.00-6.00	9.30-12.00	9.30-1.00	1.30-4.00	9.30-4.30
MON							
TUE							
WED							
THU							
FRI							

Date you would like your child to start:

Please sign below to confirm that you have read and accepted the terms and conditions as outlined in the Admissions Booklet.

Signed: ..... Date: .....

**Please return the completed form along with a photo and a £20 non-returnable registration fee to reserve a space**

**OFFICE USE ONLY**

Permission given: ..... Reg. fee paid  
 Trips Sun Cream Photos Medical Aid

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Child's Name(s) ..... Surname.....

Child's Date of Birth .....

Parents/Guardian names (Title) .....

(Title) .....

Home Address.....

.....Postcode:.....

e-mail:.....

Home Tel. No: .....

Mum's Work Tel. No: ..... Mobile.....

Dad's Work Tel. No: ..... Mobile.....

Please give 2 alternative contacts who would be willing to collect your child in case of illness/accident:

..... Tel No:.....

..... Tel No:.....

Child's Doctor: ..... Tel No: .....

Address: .....

Child's Health Visitor:.....

Has your child been immunised against any of the following: Diphtheria

..... Meningitis C ..... Polio .....

Tetanus ..... MMR ..... Hib .....

Whooping Cough .....

Does your child have any dietary restrictions? YES/NO

If yes: .....

Are there any foods or drinks you do not wish your child to have?

YES/NO

If yes.....

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**FEE PAYMENT AGREEMENT**

Fees are payable monthly in advance on the 5th of each month unless prior arrangements have been made to pay fees weekly in advance. Our preferred method of payment is by direct debit.

Cheques can be made payable to: **Little Treasures**

If fees remain unpaid on the 5th of the month, your child will not be able to attend until your fees have been paid.

If your child should leave Little Treasures we require a minimum of four weeks notice.

If I cannot give four weeks notice, I agree to pay the equivalent of four weeks fees in lieu.

Signed: ..... Date:

Please would you sign to give permission for us to administer first aid or seek medical advice in the event of an accident or emergency.

Signed: .....Date: .....

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**PARENTAL PERMISSION**

May we take your child out on local spontaneous trips to the shops, park or library. Your signature is taken as authorisation for these trips.

Signed: ..... Date: .....

Please would you sign to give permission for us to apply sun cream to your child whilst in our care.

Signed: ..... Date: .....

Please would you sign to give permission for us to take photos of your child taking part in activities for displays etc. Separate permission will be asked for if students or other organisations wish to take photos.

Signed: ..... Date: .....

Please give a password for the purpose of confidentiality:

.....

